CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

FILE NO. 2066

BIRTH NO.

DECEASED — NAME 1. FIRST Martin MIDDLE Luther LAST King, Jr.

DATE OF DEATH (MONTH, DAY, YEAR) 2. 4-4-68

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY) 3. Negro

SEX 4. Male

AGE — LAST BIRTHDAY (YEARS) 5a. 39

UNDER 1 YEAR MOS. DAYS 5b.

UNDER 1 DAY HOURS MIN. 5c.

DATE OF BIRTH (MONTH, DAY, YEAR) 6. 1-15-29

COUNTY OF DEATH 7a. Shelby

CITY, TOWN, OR LOCATION OF DEATH 7b. Memphis

INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes

HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Joseph Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Georgia

CITIZEN OF WHAT COUNTRY 9. America

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Coretta King (nee Scott)

SOCIAL SECURITY NUMBER 12. 253-36-3980

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Minister & Civil Rights Leader

KIND OF BUSINESS OR INDUSTRY So. Christian Leadership Conference

RESIDENCE — STATE 14a. Georgia

COUNTY 14b. Fulton

CITY, TOWN, OR LOCATION 14c. Atlanta

INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes

STREET AND NUMBER 14e. 234 Sunset N.W. 000

FATHER — NAME 15. Martin L. King, Sr.

MOTHER — MAIDEN NAME 16. Alberta Williams

INFORMANT — NAME 17. Coretta King MAILING ADDRESS 234 Sunset N.W./Atlanta, Ga.

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

IMMEDIATE CAUSE (a) Gunshot Wound to Thoracic Cord

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO) 19a. Yes

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. Yes

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Homicide

DATE OF INJURY (MONTH, DAY, YEAR) 20b. 4-4-68

HOUR 20c. P M.

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. Victim was shot.

INJURY AT WORK (SPECIFY YES OR NO) 20e. No

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY) 20f. Hotel

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. 406 Mulberry Memphis Tennessee

PHYSICIAN — CERTIFICATION I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE TIME, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21a. SIGNATURE DEGREE

DATE SIGNED (MONTH, DAY, YEAR) 21b.

MEDICAL EXAMINER — CERTIFICATION ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE TITLE

DATE SIGNED (MONTH, DAY, YEAR) 22b. 4-5-68

CERTIFIER — NAME (TYPE OR PRINT) 23a. J. T. Francisco, M.D.

MAILING ADDRESS (STREET OR R.F.D. NO.) 23b. 858 Madison Avenue CITY OR TOWN Memphis STATE Tenn. 38103

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Removal

DATE (MONTH, DAY, YEAR) 24b. 4-5-68

CEMETERY OR CREMATORY — NAME 24c. Southview (Temporary)

LOCATION 24d. Atlanta, Georgia CITY OR TOWN STATE

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25. R. S. Lewis Funeral Home, 374 Vance Avenue

REGISTRAR — SIGNATURE 26a. Sue Lackey, D.R.

DATE RECEIVED BY LOCAL REGISTRAR 26b. April 22, 1968

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT :: 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE 38105

SEAL

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Date Issued June 20, 1968

Eugene W. Fowinkle, M.D., Registrar
Division of Vital Records

by Sue Lackey
Sue Lackey, Deputy Registrar

Death Certificate Exhibit to Dr. J. T. F

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